



# CAMP PEMIGEWASSETT

If you wish to be considered for financial aid, please complete the following information, and **ATTACH A COPY OF THE FIRST TWO PAGES OF YOUR 2017 IRS FEDERAL TAX RETURN** and return to:

**Danny Kerr**  
35 Felt Road  
Keene, NH 03431

**The application must be received by:**  
**December 1** (for February 1 notification)

We want to understand why you are requesting aid. If your input below does not accurately reflect your financial situation or circumstances, please provide additional details on a separate sheet.

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## FINANCIAL AID APPLICATION

### CAMPER(S) INFORMATION:

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Camper Name	Birthdate	Years at Pemi
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Camper Name	Birthdate	Years at Pemi
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### FAMILY INFORMATION:

Total Number of dependent children and ages: \_\_\_\_\_

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Parent Name	How do you know about Pemi?
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Home address

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Home Phone	Work phone	Email address
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Employer / Company Name	Position	Years/Months employed here
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Parent Name	How do you know about Pemi?
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Home address

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Home Phone	Work phone	Email address
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Employer / Company Name	Position	Years/Months employed here
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**FINANCIAL INFORMATION**

Monthly income after taxes (all supporting parents/guardians) \_\_\_\_\_

Do you own property other than your primary residence? Yes No  
If yes, approx. value of property \_\_\_\_\_

**Monthly Expenses**

Rent/Mortgage (monthly total) \_\_\_\_\_

Debts and Loan Payments (monthly total): \_\_\_\_\_

Please specify:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Education Expenses (monthly total): \_\_\_\_\_

Please specify:

1. \_\_\_\_\_

2. \_\_\_\_\_

Childcare Expenses (monthly total): \_\_\_\_\_

Utilities (monthly total): \_\_\_\_\_

Medical Expenses (monthly total, after insurance payment): \_\_\_\_\_

Fixed/Extraordinary Expenses (monthly total; Specify on separate sheet): \_\_\_\_\_

Other (Specify on separate sheet): \_\_\_\_\_

**Total Monthly Expenses** \_\_\_\_\_

**Total Monthly Income after Expenses** \_\_\_\_\_

**Tuition** *Circle one:* Full Season \$9,500 First session \$6,250 Second session \$6,250 Pemi West - TBD

**Amount you can pay toward Pemi tuition:** \_\_\_\_\_

**Difference between tuition and ability to pay:** \_\_\_\_\_

I/we declare that the information reported on this form, to the best of my/our knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Signature of Parent or Guardian Date

**SIGNATURES OF BOTH / ALL PARENTS/GUARDIANS ARE REQUIRED.**

\_\_\_\_\_

**INCLUDE A COPY OF THE FIRST TWO PAGES OF YOUR 2017 IRS FEDERAL TAX RETURN WITH THIS FORM.**